## BOOK REVIEW

History of Syphilis. By Claude Quétal. Translated by J Braddock & B Pike. Cambridge. Cambridge & Oxford Polity Press, 1990. (pp vii, + 342, illus Paperback £35.00).

The author views syphilis as a cultural phenomenon. In terms of comparative socio-epidemiology it tells us more about a country's social, political and religious structure, and how that structure functions, than does tuberculosis. Thus syphilis holds a unique place in literature and the arts with their mixtures of medicine and myth, the horrifying and the amusing and, no less, the secret and revealing.

All this is in keeping with the new "framing" approach to disease in modern medical history. Thus the text is liberally laced throughout by lay as well as medical writings, by quotes from plays, by poems, painting references and examples of propaganda.

The first three chapters give a clear and concise account of the first of the five centuries reviewed. The chapter headings are precisely followed—"A Terrifying Affliction", "A Much Disputed Origin" and "The Great Pox (16th Century)". All the key figures and their contributions are fairly represented. Recent views on the origin of the Morbus Gallicus, alas, go unmentioned.

The changing medical and moral influ-

ences from the 17th to the 18th century are highlighted. We are told, for example, how Sanchey's championing of the notion of latent or "larval" pox contributed to empirics and charlatans treating more people for the disease than ever had it. The infections of Casanova and Boswell characterise the social situation in personal terms, as does the following (page 98):

It is the disease of opulence,
The French disease par excellence,
The common ill in every land,
The disease of prudes, coquettes,
Duchesses and maids,
Porters and marquises.

The story has of course a French flavour, not least in the chapter "The 19th Century Impasse". Thus we find prominence given to the work of Philippe Ricord and his confrontation with Auzias-Turenne with his notion of using soft sore pus as an immunoprophylactic against syphilis. With doctors disagreeing and treatment for some patients proving worse than the disease, it is little wonder that the general public became more and more disillusioned. Syphilis, it was said, had become "a terrible bugbear of family life". The therapeutic impasse fostered gloom and doom.

Increasingly the role of the prostitute, as a rapid partner changer, is shown as a feature of both literature and law. As with HIV/AIDS in the Orient today she is both vector and victim.

With the turn of the century comes science. The discovery of the *Treponema pallidum*, the Wassermann test and neoarsphenamine is quickly followed by the establishment of clinical services. Public education, the application of screening

techniques and contact tracing all eventually contribute to the concept of disease control. Public health and personal service are equally addressed, particularly in northern Europe. Prostitutes head the opposing forces and have a chapter devoted to themselves.

The availability of penicillin at the end of World War II finally brings syphilis under control. It is made clear to us that this is not enough. It now needs to be kept under control and this will become more obvious as the HIV/AIDS epidemic advances. Syphilis, we are assured, will recrudesce as an inevitable social construct. In numbers it will not be as epidemiologically alarming as tuberculosis.

Dr. Quétal's history makes it clear that what is needed is more than clever clinicians. The situation calls for men and women who also think and act epidemiologically.

Every genitourinary physician should have a copy of this book.

RS MORTON

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